

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082175

1. Entity Name
Orlando's Key Vacation, Inc.

FILED

00 MAY -2 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
102 Park Place Blvd., Bldg. D, Suite 2
Kissimmee, FL 34741

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Zip Country City & State Zip Country
4. FEI Number 59-3534124 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Miguel Senior
3956 Town Center Blvd., Suite 118
Orlando, FL 32837

7. Name and Address of New Registered Agent
Name Pohl & Short, P.A.
Street Address (P.O. Box Number is Not Acceptable) 280 W. Canton Avenue
Suite 410
City Winter Park FL Zip Code 32789

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  DATE 4-28-00
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME President Cecilia Salas	<input type="checkbox"/> Delete
STREET ADDRESS 5142 Chelwyn Court Orlando, FL 32837	
TITLE NAME Director Magaly Senior	<input type="checkbox"/> Delete
STREET ADDRESS 14810 Coffee Rd. Ct. Orlando, FL 32837	
TITLE NAME Director Miguel Senior	<input type="checkbox"/> Delete
STREET ADDRESS 2809 Runyon Circle Orlando, FL 32837	
TITLE NAME Director William Felce	<input type="checkbox"/> Delete
STREET ADDRESS 2809 Runyon Circle Orlando, FL 32837	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME President Cecilia Salas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5142 Chelwyn Court Orlando, Florida 32837	
TITLE NAME Director MAGALY SENIOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5926 BLAKEFORD DRIVE WINDERMERE, Florida 34786	
TITLE NAME Director MIGUEL SENIOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5926 BLAKEFORD DRIVE WINDERMERE, Florida 34786	
TITLE NAME Director WILLIAM FELCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2809 Runyon Circle Orlando, Florida 32837	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	200003253922--1 -05/16/00--01015--001
TITLE NAME	****800.00 <input checked="" type="checkbox"/> ****150.00
STREET ADDRESS	
CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Miguel Senior Date 4/27/00 Daytime Phone # (407) 732-1538

CR2E034 (9/99)